

CRITERIA FOR PRIOR AUTHORIZATION

Axicabtagene Ciloleucel (Yescarta™)

PROVIDER GROUP Professional**MANUAL GUIDELINES** All dosage forms of the following drugs require prior authorization:
Axicabtagene Ciloleucel (Yescarta™)**CRITERIA FOR PRIOR AUTHORIZATION:** (must meet all of the following)

- The patient must have a diagnosis of relapsed or refractory large B-cell lymphoma of one of the following types:
 - Primary mediastinal large B-cell lymphoma
 - High-grade B-cell lymphoma
 - Diffuse large B-cell lymphoma (DLBCL) arising from follicular lymphoma
 - DLBCL not otherwise specified
- The patient must not have primary CNS lymphoma
- The patient must have previously experienced treatment failure with 2 or more lines of systemic therapy
- The patient must be 18 years of age or older
- Must be prescribed by, or in consultation with, an oncologist or hematologist
- The patient must not have any active infection or active inflammatory process
- The patient must meet the following (if applicable):
 - Females: not be pregnant (verified negative pregnancy test prior to initiating treatment for those of reproductive potential) and be advised to not become pregnant during treatment
- The patient must be receiving the medication from a healthcare facility that is enrolled and in compliance with the Yescarta REMS requirements
- The patient has not received prior CAR-T therapy
- Dose must not exceed the recommended dose based on weight (below)
 - 2×10^8 chimeric antigen receptor (CAR)-positive viable T cells

LENGTH OF APPROVAL 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE